CLAIM FOR REIMBURSEMENT FOR EXPENDITURES				1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE									
			CIAL BUSINESS				3. SCHI	EDULE NUMBER					
			Read the Privacy Act S	Statement on	the back of this f	orm.	5. PAI	D BY				_	
	a. NAME	(Last, firs	st, middle initial)		Ī	b. SOCIAL SECURITY NO.							
4.		• •	,										
AAN.	c. MAILING ADDRESS (Include ZIP Code)					d. OFFICE TELEPHONE NUMB	ER	-					
CLAIMANT													
6. EX	(PENDI	TURES	(If fare claimed in col. (g) e.	xceeds charg	ge for one person	, show in col. (h) the num	ber of addition	onal persons v	vhich accomp	anied the)		
	ATE	i	claimant.)	/h).			·	AMOUNT OF AIMED					
L	AIE	С	Show appropriate code in col.	(D):	b):			AMOUNT CLAIMED					
19 O			A-Local travel B-Telephone or telegraph, or C-Other Expenses (itemized)		MILEAGE RATE ¢		FARE	ADD PER-	TIPS AND MISCEL-				
		Е	(Ехр	il)	NO. OF MILES	MILEAGE	OR TOLL	SONS	LANEOU	LANEOUS			
	(a)	(b)	(c) FROM			(d) TO	(e)	(f)	(g)	(h)	(h) (i)		
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If additional space is required continue on the back. SUBTOTALS CA				RRIED FORWARD FROM THE									
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) \$			•	TOTALS									
as <i>are</i>	necessa <i>include</i>	ry in the d, the ap	ed. Long distance telephone ca interest of the Government. (No proving official must have been artment or agency to so certify (3	te: If long dista authorized, in	ance calls writing, by	10. I certify that this cla and that payment of	r credit has no		by me.	edge and	belief		
Sign Original Only				DATE									
				CLAIMANT SIGN HERE									
DATE				11.	CASI	I PAYMENT REC							
APPROVING OFFICIAL SIGN HERE					a. PAYEE (Signature)			b. DATE	RECEIVE	D	_		
This claim is certified correct and proper for payment. Sign Original Only					c. AMOUNT								
AUTHORIZED CERTIFYING OFFICER SIGN HERE				DATE 12. PAYMENT MADE BY CHECK NO.			<u> </u>	<u>I</u> '					

ACCOUNTING CLASSIFICATION

Note appropriate code in cod (b):		1	S - Continued		AMOUNT OF AIRED					
Company Comp	DATE		Show appropriate code in col. (b): A-Local travel B-Telephone or telegraph, or				MOUNT CLA			
Calculation Segrection for the Control of		D				MILEAGE	FARE OR TOLL	PER- SONS	TIPS AND MISCEL- LANEOUS	
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In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.